



Patient and Family Advisor Confidentiality Contract

I willingly agree to be a patient and family advisor and to work on design teams and/or give information to the PeaceHealth Medical Group and all of PeaceHealth (PeaceHealth). My role is to:

- Talk about – and help others talk about – ideas so PeaceHealth and other healthcare providers in our community can make healthcare better.
- Talk about what happened to me as a patient or a patient’s family member in ways to make healthcare better.
- Say what I think about changes to make things better for the patients and families getting care at PeaceHealth.
- Work together with PeaceHealth staff and physicians in planning programs.
- Think beyond what happened to me to help others.

As a patient and family advisor, I will talk to others and will learn about PeaceHealth and others. This includes personal information about patients and their families and operational information about PeaceHealth programs, clinicians and staff. I promise and agree that:

1. I will protect the confidentiality, privacy, and security of all information that I learn as a patient and family advisor.
2. I will not talk, e-mail, or write down anything I learn about patients or PeaceHealth unless it is part of my role as an advisor. I will not talk about in a public place inside or outside of PeaceHealth about anything I learn in a PeaceHealth meeting.
3. Even though names and medical details are not talked about, there may be enough information to figure out who a person is. I will not try to figure out who particular persons or events may be based on what I learn at any PeaceHealth meeting.
4. I will not use anything I learn as a patient and family advisor for any reason except helping PeaceHealth.
5. I am, and others in the meeting are, free to share their stories. I know that we do not have to say anything that we do not want to say. I know that some people I talk to do not have to follow federal and state laws that protect health information, and they may tell others, even if they are not supposed to.
6. My information and my ideas, alone or with other information and ideas, may be used by PeaceHealth. I give PeaceHealth the right to use such information and ideas.
7. I will tell someone who works at PeaceHealth if I do not, or someone else does not, follow this contract.

I have read and understand this contract. I know this contract does not end. I will do what I promised to stay a patient and family advisor to PeaceHealth.

Name (PRINT)

Affiliation / Title

Signature

Date